

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27274

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 2932

1. PLACE OF DEATH:

(a) County. Jackson
(b) City or town. Jackson, Mo.
(c) Name of hospital or institution. St. Lukes
(d) Length of stay: In hospital or institution. 5 wks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME. Mrs. Edna Brannock

3. (b) If veteran, No 3. (c) Social Security No. No

4. Sex. Female 5. Color or race. White 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife. Robert Brannock 6. (c) Age of husband or wife if alive. --- years

7. Birth date of deceased. October 19 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 18 If less than one day hr. min.

9. Birthplace. Schell City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business.

MOTHER FATHER { 12. Name. Unknown Morgan
13. Birthplace. Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name. Unknown
15. Birthplace. Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Herbert Bottoms
(b) Address. Kansas City, Mo.

17. (a) Burial, cremation, or removal. Burial (b) Date thereof. 8-4-41
(Month) (Day) (Year)

(c) Place: burial or cremation. Butler, Mo

18. (a) Signature of funeral director. Culpers Sun Home
(b) Address. Butler, Mo

19. (a) 8/4/41 (b) Th. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson
(c) City or town. Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3401 Kensington
(If rural, give location)
(e) If foreign born, how long in U. S. A. 48 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Aug day 4
year. 1941 hour. 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1941 to Aug 4, 1941
that I last saw him alive on Aug 4, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. multiple pulmonary emboli
Due to. bilateral thrombophlebitis femoral v. 1/26
Due to.

Other conditions. Hydrops gall bladder
(Include pregnancy within 3 months of death)
stones in gall bladder
Major findings: dilated lower abdominal viscera
Of operations. 126
Of autopsy.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
23. Signature. J. W. H. (M. D. or other) 0
Address. 828 N. 1st St. Atty. date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.